

RESERVATION FORM

Cut and mail with full amount of deposit
Check payable to Matt Talbot Group 27W

Name: _____ Matt # _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Amount Enclosed: \$ _____ (\$100 deposit \$200 in full)

Check if: ____ New Address ____ New Phone # ____ First Matt Talbot Retreat

Please add your email address: _____ dietary restrictions ? ☐

If requesting a roommate, BOTH yours and his registration form AND deposit must be enclosed together!

MAIL TO: Rick Robillard, PO Box 563, Cheshire MA 01225
Matt Talbot Group 27W Retreat

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